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TRANSMITTAL FORM

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Total Number of Pages in This Submission

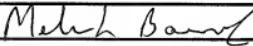
31

Application Number	10/678,118
Filing Date	October 6, 2003
First Named Inventor	Lee Satzmann
Art Unit	3621
Examiner Name	Augustin, Evans J.
Total Number of Pages in This Submission	31
Attorney Docket Number	REM-101

ENCLOSURES (Check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance Communication to TC
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input checked="" type="checkbox"/> Amendment/Reply	<input type="checkbox"/> Petition	<input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Power of Attorney, Revocation	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Change of Correspondence Address	<input type="checkbox"/> Other Enclosure(s) (please identify below):
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Terminal Disclaimer	
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Request for Refund	
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> CD, Number of CD(s) _____	
<input type="checkbox"/> Reply to Missing Parts/ Incomplete Application	<input type="checkbox"/> Landscape Table on CD	
<input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53		
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name	Capital Legal Group, LLC		
Signature			
Printed name	Melvin L. Barnes, Jr.		
Date	September 11, 2008	Reg. No.	38,375

CERTIFICATE OF TRANSMISSION/MAILING

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below:

Signature	
Typed or printed name	Date

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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REPLY/AMENDMENT FEE TRANSMITTAL		Attorney Docket No.	REM-101	
		Application Number	10/678,118	
		Filing Date	October 6, 2003	
		First Named Inventor	Lee Salzmann	
		Group Art Unit	3621	
AMOUNT ENCLOSED	\$0	Examiner Name	Evens Augustin	

FEES CALCULATION

CLAIMS AS AMENDED	Claims Remaining After Amendment	Highest Number Previously Paid For	Number Extra	Rate	Calculations
TOTAL CLAIMS	77 ⁽¹⁾	78 ⁽²⁾	0 ⁽³⁾	X \$50.00 =	\$ 0
INDEPENDENT CLAIMS	10 ⁽⁴⁾	12 ⁽⁵⁾	0 ⁽⁶⁾	X \$210.00 =	\$ 0
Since an Official Action set an original due date of _____, petition is hereby made for an extension to cover the date this reply is filed for which the requisite fee is enclosed (1 month (\$60); 2 months (\$230); 3 months (\$525); 4 months (\$820); 5 months (\$1115));					
If Statutory Disclaimer under Rule 20(d) is enclosed, add fee (\$110)					
Total of above Calculations =					
IDS fee					
TOTAL FEES DUE =					

- (1) If entry (1) is less than entry (2), entry (3) is "0".
 (2) If entry (2) is less than 20, change entry (2) to "20".
 (4) If entry (4) is less than entry (5), entry (6) is "0".
 (5) If entry (5) is less than 3, change entry (5) to "3".

METHOD OF PAYMENT

- Paid via credit card on line
 Charge "TOTAL FEES DUE" to the Deposit Account No., below.

AUTHORIZATION

- If the above-noted "AMOUNT ENCLOSED" is not correct, the Commissioner is hereby authorized to credit any overpayment or charge any additional fees under 37 CFR 1.16 or 1.17 necessary to maintain pendency of the present application:

Deposit Account No.	50-3970	under order No REM-101
Deposit Account Name	Capital Legal Group	

SUBMITTED BY: – CUSTOMER NO. 64713

Typed Name	Melvin L. Barnes, Jr.	Reg. No.	38,375
Signature	<i>Melvin L. Barnes, Jr.</i>	Date	September 11, 2008